

MANAGING AT HOME

**A Study of Sooke Region Seniors
Planning to Remain in Their Own Homes**

Phase 2

Christine Bossi, Anna Moore and Linda Nehra

SOOKE REGION COMMUNITIES HEALTH NETWORK

December 2016

Table of Contents

Acknowledgements	3
Executive Summary	4
Part 1: Introduction	5
1.1: Background History	5
1.2: Area, Services and Regional Demographics	6
1.3: Aim of Study	9
Part 2: Research Methods	10
Part 3: Focus Groups	10
3.1: Demographic Information	10
3.2: Seniors' Activities of Daily Living	11
3.3: Social Participation, Loneliness and Social Support	13
3.4: Non- Medical Requirements	14
3.5: Medical Requirements	15
3.6: Highlights from Focus Groups	17
Part 4: Conclusion	19
4.1 Recommendations	21
4.2 Notable Trends Towards Next Steps	23
Part 5: References, Official Community Plans and Important Links	24

Acknowledgements

We are grateful to the many Seniors¹ from the Sooke Region who participated in the interviews and focus groups for this project. Without their willingness to share their time, wisdom, concerns and ideas this project would not have been possible. Also a big thanks goes to those individuals and associations that helped facilitate the focus groups, gathering all these wonderful and spirited Elders together.

We would like to acknowledge and thank the Union of British Columbia Municipalities (UBCM) for their funding and support for this report. Also we would like to thank once again the District of Sooke and West Island Family Practice for their support during the initial report² completed in 2015, which is the foundation of this document.

Without the involvement of the health offices of the Scia'new, T'Sou-ke and Pacheedaht First Nations, a major and important regional contribution would not be included.

Appreciation is also extended to the District of Sooke, CRD Juan de Fuca office and the Sooke Volunteer Centre for making connections and providing data with maps.

Last but not least, we also wish to acknowledge the members of the Sooke Region Communities Health Network (SRCHN)³ for their time, advice, and in-kind assistance.

The cooperation of the above organizations and the help we received from each individual indicates that together we *can* build an age-friendly community and support healthy aging in place.

¹ The term "Seniors" was chosen for the identified population of 65 years and older. It is understood that this population has various opinions regarding labeling, and we await with anticipation a new name for this resourceful generation. We will however capitalize the word in order to show our respect. A few younger individuals did participate in the process, as they accompanied a spouse or felt that they had a vested interest.

² Nehra, Linda et al., Managing at Home – A Study of Sooke Seniors Planning to Remain in their Own Homes Report (2015) – Phase 1

³ Sooke Region Communities Health Network (SRCHN), formerly known as Sooke Region Communities Health Initiative (CHI)

Executive Summary

“Aging in place” is a priority for Seniors all across the county as they deal with the multiple mental and physical challenges of living longer in a complex rapidly changing culture. As the population ages, government and health providers at all levels face the challenge of ensuring that Canadian Senior Citizens have access to the resources and the relationships they need in order to live full and well supported lives. This in-depth study of Seniors in the Sooke Region, where population growth is high due to housing development and in-migration due to a favorable climate, attempts to understand the fundamental resources that are required by Seniors if they are to maintain their independence and quality of life.

The *Seniors Managing at Home* study was the result of a partnership between the District of Sooke, the Sooke Region Communities Health Network, the Sooke Region Volunteer Centre, the West Coast Family Medical Clinic, the South Island Division of Family Practice, and Island Health. Its aim was to reach out specifically to Seniors who identified themselves as “in need of additional services and supports in order to remain in their homes”. The study was conducted in two phases. Phase 1 included in-depth, in-home interviews of 47 seniors living in the Municipality of Sooke. Phase 2 consisted of focus group discussions that were held in communities across the region from East Sooke to Port Renfrew, including the three First Nations (Scia’new, T’Sou-ke and Pacheedaht). Both phases took an integrative approach to managing at home, recognizing the importance of each and all of the multiple determinants of health. They also acknowledged the value of natural, community, and professional networks and the potential of their individual and combined roles in improving health outcomes.

This report provides the results from Phase 2 of the study and the focus groups that were held with 80 Seniors ranging in age from 58 to 90 years⁴. A significant number of Seniors lived alone and almost one fifth did not have enough money to manage day-to-day. Many Seniors still drove their own cars, but transportation posed a problem for those Seniors who did not like to drive often or after dark, or was not able to drive at all. Although many Seniors had established social support networks, the ability of these networks to fill gaps on a regular basis varied. Few Seniors expressed interest in “friendly visiting” services, but some did fear becoming isolated or were feeling lonely. A large focus was on getting help with practical issues like finding community resources, getting around and grocery shopping. Poverty could at times be an obstacle to accessing services as the individuals living on a fixed income could not always afford to move closer to services where real estate prices are higher, when their personal or health situation required them to.

Most of the study participants had a family doctor, though not necessarily in Sooke proper. A large portion had their general practitioner in Langford or Victoria. Seniors were generally satisfied with the care they received for the complex health problems they identified. Based on the data and selected protective and risk factors, some of the Seniors in the study appeared to be at higher risk of experiencing future problems than

⁴ The Phase 1 report *Managing at Home – A Study of Sooke Seniors Planning to Remain in their Own Homes* (2015) is available through the Sooke Region Communities Health Network.

the remaining participants. The results in this area are preliminary and warrant further study.

PART 1: Introduction

It is our intention that the *Seniors Managing at Home* study will inform the future provision of Seniors' services in the Sooke region, and identify practical ways in which we can support Seniors to live full and rewarding lives as they age.

1.1: Background History

In November of 2013 a community forum was held in Sooke to address the needs of Sooke residents for primary health care services. The forum was sponsored by the *South Island Division of Family Practice (SIDFP)* as part of Stage 1 of the province wide "A GP for Me" initiative that aimed to evaluate the needs of individuals and communities for family physicians. The District of Sooke provided the venue for the forum, and the Sooke Region Communities Health Network assisted with promotion and community engagement.

Primary health care services have been a longstanding priority of SRCHN and, in the past few years, of the District of Sooke, which had established a Mayor's Advisory Panel on Community Health and Social Initiatives in 2012. It is well recognized by both organization that the health and well-being of Sooke residents is directly linked to their participation in all aspects of their community and that the District, SRCHN and other groups have an interest in identifying health, social and recreational needs and supporting access to services and new initiatives.

The November 2013 forum served as a catalyst for SRCHN and the District to establish the *Primary Health Care Services Working Group (PHCSWG)* in December 2013. The PHCSWG was chaired by former Mayor Wendal Milne, and brought together diverse organizations with a shared commitment to improve local health care service delivery including SRCHN, the Sooke Region Volunteer Centre, the West Coast Family Practice Medical Clinic, the South Island Division of Family Practice, Island Health, and the District of Sooke. The PHCSWG met over one year in order to create an action plan to identify and address health care service gaps and priorities in the Sooke region. The PHCSWG continued to solicit community input, expanding its consultation to include other stakeholder groups. The health and wellbeing of Seniors was prioritized by the PHCSWG and other stakeholders.

In 2014, under the direction of the PHCSWG and an Advisory Group consisting of Sooke Region Communities Health Network members, an interview questionnaire was designed for use during in-depth interviews of Seniors living in the Municipality of Sooke. In January 2015 a report called "Managing at Home – A Study of Sooke Seniors Planning to Remain in their Own Homes" was published based upon 47 individual interviews that used standardized inventories and non-standardized questions to address Seniors; current activities of daily living; the adequacy of their current resource base; their social participation; support requirements; health, and their interest in accessing specific medical and non-medical resources . As the population of the

surrounding region of the CRD Juan de Fuca is dependent upon Sooke downtown for most services, it was deemed appropriate to expand this study to include the Seniors of the outlying areas, in addition to those in Sooke, to provide a more comprehensive review.

1.2: Area, Services and Regional Demographics

As seen on map 1 and map 2, Sooke Region is on the South-Western edge of Vancouver Island, which is in turn on the edge of British Columbia and indeed Canada. The grand majority of the population lives close to the shoreline, which is connected by a winding two-lane road. The travel distance between Port Renfrew, the most westerly location, and Beecher Bay in the southeast (home of the Scia'new) is 91.9 km and almost a two-hour drive.

The region is divided into several distinct entities: the District of Sooke, Capital Regional District (CRD) Juan de Fuca, Pacheedaht First Nation, T'Sou-ke First Nation and Scia'new First Nation. The District of Sooke is a municipality that is led by a mayor, and is the main hub of services in the region. Led by a Regional Director, the CRD Juan de Fuca includes extensive land areas and communities, but for this exercise involving the Sooke region, we will address only the rural communities of East Sooke, Otter Point, Shirley, Jordan River and Port Renfrew. The three First Nations have populations on reserve and off reserve, which have elected their respective chiefs and councils. The Pacheedaht's lands are located aside Port Renfrew, the T'Sou-ke lands neighbour the District of Sooke and the Scia'new lands are in Beecher Bay by East Sooke.

There is a medical centre in Sooke town and health centres at the three reserves that are visited regularly by nurses and general practitioners. However, there is a long waiting list for the Sooke doctors and if the patients require any specialized treatment, they have to go to Langford or Victoria (1 hour away from Sooke). The waiting list for a Sooke family doctor is long; with preference given to those without a family physician, but some newcomers have been able to get a Sooke GP through the recent addition of new physicians. Medical diagnostic imaging is still mostly done in Langford and Victoria. The Pacheedaht have a Nurse Practitioner, Medical Doctor or a Public Health Nurse attend its clinic once a week and has recently hired a newly educated healthcare aid for the reserve. Various health programs are provided in the region to native and non-native populations with mixed results depending upon capacity and continuity of support, appropriate dissemination of service and accessibility of location. There are two pharmacies located in Sooke centre. There is one ambulance service located in Port Renfrew and one in Sooke. Informal family and friends caregiving is believed to be of great support in the community, though the numbers of such help have not been explored.

Counseling services are available in Sooke, but because of a lack of resources and the most chronic(shouldn't this be acute) cases are given priority, the demand cannot be satisfied. The First Nation health centres are managed by educated social workers. The Pacheedaht have a contracted psychologist on reserve. The Alzheimer's Society facilitates monthly caregiver peer support groups in Sooke.

Social activities are available for Seniors in Sooke and on the reserves, but as this demographic group has diverse interests and access may be an issue, attendance can

vary. Primarily due to a relocation of the Seniors' Drop-in Centre attendance has markedly declined. The Sooke Seniors Bus⁵ organizes field trips as well as practical outings. There has been an ongoing discussion with regards to a new Seniors' Centre, as this group has not had a "home" for a few years. Seaparc recreational centre facilitates Senior physical activities.

Ayre Manor⁶ offers three types of affordable seniors housing: independent living, assisted living, and complex care provided through the Sooke Elderly Citizens' Housing Society⁷. A newly established co-housing and co-caring residence, called Sooke Harbourside⁸, that is a novel concept in Canada, but is widely practiced in Northern Europe.

There is the possibility for a free meal every weekday in Sooke through the collaboration of churches and associations. Thursdays are Seniors' Day at a local super market, where price reductions are offered. There is also a local grocery delivery service, but it is where one has to pick out the items personally in advance and then the groceries are delivered later on. One of the local stores had an online food order service in the past, but it was not successful. Recently, Thrifty Foods in Langford started deliveries as far as the Sooke bridge. The Food Bank and Meals on Wheels are available in Sooke and have started to expand through expansion of their volunteer network. There are Good Food Box and Cooking Out of the Box programs as well. The T'Sou-ke Nation benefits from meals on wheels for 22 homes. Community lunches are every Wednesday and culture nights take place every Tuesday night with meals. The Pacheedaht First Nation also has hot lunches combined at times with information sessions and discussions.

The regular city bus extends to the edge of the Sooke urban core, while less regular routes encompass Otter Point and East Sooke. A volunteer driving service, Contact Drivers, is located in Sooke assists those who need to have medical treatment outside of Sooke. This is funded through gas money provided by the passengers. The Contact Loan Cupboard lends out some medical equipment.⁹

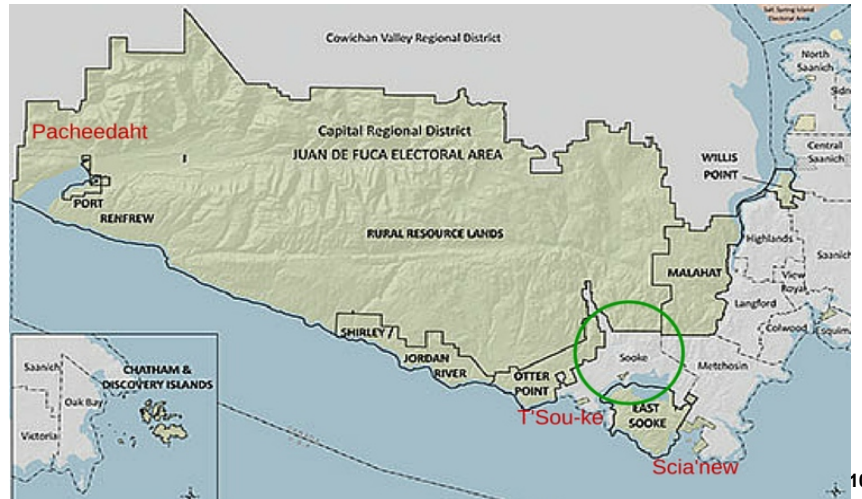
⁵ <http://www.sookeregionresources.com/contact-community-assistance-society>

⁶ <http://www.sookeregionresources.com/ayre-manor>

⁷ <http://www.sookeregionresources.com/sooke-elderly-citizens-housing-society-sechs>

⁸ <http://www.harbourside.ca>

⁹ <http://www.sookeregionresources.com/contact-community-assistance-society>



Map 1: Vancouver Island's South Western Coast, British Columbia

In the description below, a distinction is being made between the geographical entities, as there are political distinctions but not necessarily any difference in needs among the Seniors of the region.

District of Sooke

The population of the District of Sooke was 11,694 in 2011¹¹. Forecasted growth is significant and is estimated to be 76.7% from 1996-2026¹². For the period 2012-2013 Sooke was the fifth fastest growing community in BC¹³. According to population statistics from the 2011 Census Profile¹⁴, approximately 3,105 people, or 27%, in Sooke are 55 years of age and older.

Although the Sooke population has a younger median age than many other communities in BC¹⁵, the needs of the Seniors warrant investigation, in that they comprise over one quarter of all residents of Sooke. In addition, as the region's climate is very mild, it is a favourable destination for Seniors from out of province to retire in and there are expectations that the Senior population will increase accordingly. In particular, the PHCSWG was interested in Seniors who wished to remain in their own homes, but face challenges that made it increasingly difficult for them to do so. It was thought that if more could be learned about this sub-population and their needs, then more could be done to support their independence.

¹⁰ Thanks to CRD Juan de Fuca for permission to use this map, with modification

¹¹ Statistics Canada Jan, 2014. Demographic Analysis Section, "BC Regional District and Municipal Population Estimates".

¹² Statistics Canada CRD Regional Planning Services, BC Statistics.

¹³ Statistics Canada BC Statistics, Jan 31, 2014. "2013 Sub-Provincial Population Estimates".

¹⁴ Statistics Canada Statistics Canada. 2011. Census Profile, Sooke DM.

¹⁵ Statistics Canada Statistics Canada. 2011. Census Profile. Note: Only people living in Langford and Colwood have a younger median age.

CRD Juan de Fuca

As this data is from the 2011 census¹⁶, to determine the number presently above 65 years of age the age group 60-64 was included. The age group 50-59 was included to show the trend of those who will be retiring in the near future.

Population	East Sooke	Otter Point	Shirley and Jordan River ¹⁷	Port Renfrew	Total
Total	1435	1810	490	139	3874
Age 60 +	340	270	105	10	725
Age 50-59	315	355	85	15	770

Table 1: Population of CRD Juan de Fuca within the Sooke region

It is hard to predict trends based on past data for Seniors in the outlying region, as there are some that actually move closer to town after they pass retirement age or have experienced a life-changing circumstance that restricts their mobility, if their means allow it. East Sooke and Otter Point, the two locations closest to Sooke, have the largest populations, while the remaining communities further afield are more sparsely populated. This region is known for its long driveways and tall trees permitting privacy. Many seek out this feeling of remoteness when they settle here. The smaller communities in the Sooke Region have a combined population of 3,874. Of these individuals, 1,495 (39%) are 55 years of age or older.

First Nations

The Scia'new and the T'Sou-ke have cross-family connections. Though of different tribes they are both of the Coast Salish, while the Pacheedaht have strong links toward the Cowichan Valley towards the centre of Vancouver Island.

All three First Nations are actively working on reviving their culture and honouring their elders through inter-generational activities.

The T'Sou-ke First Nation is known for its green sustainability programs such as the wasabi greenhouse project, solar power and one electrical car with an accompanying electrical charging station.

Population ¹⁸	Scia'new	T'Sou-ke	Pacheedaht
Total	258	331	222
On reserve	115	201	91
Off reserve	143	130	110
Elders on reserve	4	20	12
Elders off reserve	N/A	21	9

Table 2: Population of the three First Nation bands in the Sooke Region

¹⁶ Statistics Canada (full reference)

¹⁷ Statistics Canada (full reference)

¹⁸ Statistics from respective band offices (2016)

1.3: Aim of Study

The aim of the *Seniors Managing at Home* study was to reach out to Seniors in the Sooke region who identified themselves as “in need of additional services and supports in order to remain in their homes”. These Seniors were asked to describe the non-medical and medical resources that they had available to them, as well as the resources and supports that they needed. The study took an integrative approach, recognizing the importance of each and all of the multiple social determinants of health¹⁹.

The 12 Social Determinants of Health are:

- 1 Income and Social Status
- 2 Social Support Networks
- 3 Education and Literacy
- 4 Employment/Working Conditions
- 5 Social Environments
- 6 Physical Environments
- 7 Personal Health Practices and Coping Skills
- 8 Health Child Development
- 9 Biology and Genetic Endowment
- 10 Health Services
- 11 Gender
- 12 Culture

It also acknowledged the importance of natural, community and professional networks and the potential of their individual and combined roles in improving health outcomes. It is anticipated that this study will serve as a springboard for action, leading to service development and/or further in-depth investigation of questions that arise from this exploratory work.

PART 2: Research Methods

Nine focus groups were held, in East Sooke, Shirley, Sooke, Otter Point, and Port Renfrew. Jordan River citizens encouraged to participate in the Shirley focus group, but unfortunately there was no representation from this little hamlet. These were held in a central location of each region (e.g. a community hall) with Seniors living in that region. The groups included a religious congregation, a Seniors housing complex, a Seniors' interest group and gatherings of random community members. Focus groups were advertised mostly through specific interest groups or key people in the communities, though flyers were used for three community-based focus groups where contacts were not identified. It was decided that the focus groups would be limited to twelve participants, in order to encourage discussion in a non-intimidating environment with which they were familiar. The groups ranged in size from three to fourteen Seniors; over 80 Seniors were involved. A small handful did participate in the survey done previously, but these individuals obviously had more information to contribute with and were welcome additions to the discussion.

¹⁹ 12 Social Determinants of Health British Columbia

Participants signed consent forms indicating that they were willing to be involved in the study, and were assured of the confidential nature of the focus groups and their anonymity with regards to information in this report. Each focus group began with general introductions, and then participants were asked about their activities of daily living; their current social and practical support network; their health and access to medical care; and any additional resources they would like to see in their community.

Focus group graphs are illustrated through trends and approximate number of mentions of certain topics. This is to provide an estimated level of importance as expressed by the focus groups. It is understood that some issues were not addressed due to time constraints but rather followed the interesting avenues the conversations took.

3: Focus Groups

3.1: Demographic Information

Due to the less formal nature of the focus groups, not every Senior involved gave their exact age; however, the breakdown was fairly similar to the individual interviews, with the most Seniors being in their mid- to late-60s and early 80s. Around 70% of the participants were women and 30% men. Many of the participants lived with a spouse, but quite a few lived on their own, and a few with adult children or other relatives. A majority of them were retired, but a few still worked, at least one of these full-time.

3.2: Activities of Daily Living

The Seniors we spoke to during the eight focus groups were coping at various levels with the multiple activities of daily living. *Help around the house* (including housekeeping, yard work and gardening, and home maintenance) was a significant concern for Seniors in all of the surveyed regions. For instance, some Seniors still used wood heat in their homes, and were having trouble with the heavy lifting this necessitated. Many participants relied on family members, neighbours, or friends for assistance in this area; others hired help, although this option was noted to have a financial burden attached; and still others tried to simplify tasks or just slow down. One woman expressed a reluctance to seek out help – she had trouble maintaining certain parts of her home, but said “a sense of responsibility is very important to me.” One couple said that currently they had “no maintenance. We’ve got stuff falling down around our ears.” Some of the Seniors in the East Sooke focus group noted that the friends and neighbours they usually asked for help were also aging, and thus not able to help out as they used to.

The issue of help being needed but not always sought out came up repeatedly in the various groups – many Seniors were worried on behalf of their peers who wouldn't ask for help, but a few admitted to being “too proud” or otherwise reluctant, to ask for assistance. The First Nations and those affiliated to tight knit religious congregations were more open to requesting help and more often received assistance without having to request it. Some participants also expressed a sense of frustration with not being

able to do all the things they used to do at home: one Senior said she “used to be able to outwork all those young people,” but is now trying to figure out how to work around her new limitations. A reliance on family was common, and these supports were sometimes central to the Seniors' way of life. Unfortunately, not everyone had families nearby or family members that could be considered dependable. In fact, it was mentioned that adult children would perhaps be abusing drugs or alcohol or would simply not be empathetic, and were therefore not dependable or desirable to have in the seniors' midst. Though the aspect of elder abuse was not addressed directly, there was some indication that some adult children were not very patient with their aging parents either due to a lack of understanding for the parent's deteriorating condition or general lack of sympathy.

Shopping and transportation were two other crucial topics for the focus groups. Quite a few participants either no longer drove, or had trouble driving at night or in adverse weather. This impacted their ability to access medical services, attend social events, and run errands, grocery shopping among them. People in more rural areas such as Shirley, Jordan River, and Port Renfrew were especially vulnerable to these issues, as public transit is scarce or non-existent. One participant was without a vehicle, and sometimes had to resort to hitchhiking in order to pick up his pension cheque, groceries, and prescriptions. Some of the participants in other regions mentioned having moved to be closer to services in Sooke, but this is another solution that can depend on a good financial situation, and isn't always feasible for low-income rural Seniors. It was explained that even if one wanted to move closer to amenities, one could not always afford to live in urban areas. Others didn't want to move due to preference, but still needed to be able to access shops, doctors, and other important services.

Transportation issues limit even Seniors living close to the centre of Sooke. One participant said she has seen many people leave the region and move into Victoria once they could no longer drive: “When people lose their license, it's the end of them.” However, moving closer to services is not always an option, as real estate is far above average Canadian housing prices. In fact, this study found that those who were on a fixed income moved further away from services in order to make ends meet, creating a vicious spiral in the event of a life-changing event requiring the exact services they moved away from. Another mentioned having to schedule any appointments for her daughter's days off in order to get a ride. Obviously many Seniors do use the bus, but the service doesn't reach some of the more rural areas. For Seniors with limited mobility, there's also the issue of getting to and from bus stops. Sidewalks were often non-existent, though the town core has improved somewhat lately. Still, it is difficult to walk around without feeling one would lose one's balance while teetering on the edge of the road. This is made doubly challenging with a couple of bags of shopping. It was understood by some that deliveries could be made from the local grocery stores, but one had to actually be present when purchasing, which defied logic for some. When it was suggested that certain fixed weekly shopping lists could be created to facilitate the task for the grocery store staff, this was not considered acceptable because the weekly specials varied and it was important to take advantage of them.

Many Seniors also spoke about a *lack of clear communication about available services*, and feeling like their access to information was limited. Only some of the Seniors

involved in the focus groups said they were at ease using a computer, which means that online information isn't necessarily accessible. Some participants had trouble figuring out whom to ask for help with financial issues, government programs like the Guaranteed Income Supplement (GIS), or various medical questions. As one man put it: "You don't know where to go, and you don't know who to ask." Another Senior described being told to apply for something by one agency, which another agency then told them they weren't qualified resulting in a feeling of helplessness.

Finances were also a frequent concern for the Seniors. There was concern about various health expenses like dentistry, hearing, eye glasses and mobility aids, or paying for home repairs and modifications. Limited finances also make it harder to hire help for things like cleaning or gardening, or to take taxis when the bus isn't available. As one participant in Shirley said, "If you're not well off, and you don't have a network, you're lost out here." Being on a fixed income can be a source of anxiety for some Seniors: "How long will the money last? Will you always be able to afford the things you need?" In the Port Renfrew focus group, there was mention of quite a few individuals who relied on the Sooke Food Bank on a regular basis, but were now unable to access that source of food due to a lack of transportation. At the writing of this report, we understand Sooke Lions Club is now delivering Food Bank groceries to Port Renfrew. There were also stories of a few individuals living in tents in the woods, without access to proper food or medical care, a situation largely due to financial insecurity. One participant explained that his disability cheque only stretches over three weeks, and he has trouble making it through the last week of every month. A Senior from another group said, bluntly, "There are not enough supports to look after people at home." Sometimes Seniors who needed to stay at home to care for a spouse or family member lost income because of this, which contributed to their financial insecurity. One woman had trouble getting the help she needed with her husband's palliative care, describing Veteran's Affairs as "useless" – she eventually found support from Sooke Hospice, as well as her neighbours. Another example of financial insecurity came from a woman who was on disability until age 65, and found that the shift to a pension was a step down. She was also in trouble due to a financial "mistake" involving a family member, and was unsure of how to get out of the hole she found herself in. With the increasing number of youth and adults obtaining higher education with large tuition fees, seniors among the baby boomer generation are finding themselves supporting their adult children by taking on extra jobs, postponing retirement or dipping into savings.

3.3: Social Participation, Loneliness, and Social Support

The diversity of the Seniors who participated in the focus groups meant that there was a huge range of social support, from Seniors who were members of a supportive church congregation and also had multiple family members willing to help out, to others who were very isolated and whose family all lived far away. However, the *importance of having a support network* was acknowledged across the board, and participants were generally aware of the higher risk isolation can bring. One Senior said, "If we didn't have family, we wouldn't be where we are today," while another said that if she didn't have her daughter around, she'd be living in Assisted Living. It should be noted that not all family members were desirable to have within a support network, as some were not considered to be kind or had certain concerns of their own that

made them unreliable. Therefore, a non-family network can be just as supportive, but this may have to be established while one is still active in the community, as it will become more difficult to do so as one ages. Also, there was the complaint that as one aged, one's friends would die off contributing to one's isolation.

Seniors who were relatively well off, living with a partner, and able to drive tended to be less isolated than those who were living alone, could no longer drive and had trouble paying for taxis or other driving services. Others who had trouble driving in the dark or in bad weather sometimes found themselves more isolated, especially in the winter; one woman gave an example of wanting to drive to her friend's house in order to help her during a difficult time, but wasn't able to get there due to being unable to drive in heavy rain. So despite having a social network, some obstacles can emerge if this network is aging.

A few participants mentioned the idea of having a system or service where someone could call to check in every day or so; this need was starkly highlighted by the story of a man in Port Renfrew who wasn't found for four days after he passed away in his home. The Port Renfrew focus group was limited in size due to four or five people who wanted to attend, but were housebound for reasons of mobility or illness.

There was also the concern of how to help others whose problems are hidden – some people isolate themselves to a certain extent, and it can be hard to know who needs help and how to offer it. It was pointed out by many octogenarians that the younger generations do not offer to help their elders, while the younger generations can be helpful but needed to be asked, which the elders hesitating in doing. This suggested an inter-generational disconnect in communication forming a vicious circle.

One participant expressed an intense feeling of loneliness after moving here from elsewhere in Canada. Having left her network behind, she found it very hard to make connections all over again, and felt that she was “in a dark place.” Others who had lost a spouse or friends sometimes had trouble making new connections as well, which was an additional stress on top of their grief. Indeed, some identified the grieving process as arduous and was not made any easier by the fact that some did not wish to reach out to get support in this difficult time either due to taboos or the need to show strength and suffer in silence. The participants confirmed that the Anglo-Saxon stiff upper lip or the tough settler mentality were still prevalent in this region.

3.4: Non-Medical Requirements

The Seniors that participated in the focus groups requested a variety of services. *Transportation*, again, was a crucial need. Many Seniors wanted some kind of low-cost driving service to fill in the gaps of public transit; this was especially necessary for people in more rural areas and people who required frequent medical care. The BC Cancer Society recently dropped its individual driver support, but a volunteer group is still operating out of Sooke. However, it was interesting to note that some participants were skeptical about the principle of paying volunteer drivers, as they did not understand that the small “donation” was to cover the drivers' fuel expense. For seniors on a fixed income, even this service could be a financial obstacle.

A few types of *shopping assistance* were also requested – participants asked for someone to deliver groceries, as well as someone to accompany Seniors on their shopping trips so they could continue to shop in-store. Delivery at a lower cost was also identified as a need, along with the extension of Meals on Wheels to communities like East Sooke that don't currently receive it.

Help with *yard work, housework, and home maintenance* was requested as well. Many participants simply wanted to be able to hire someone reliable, but weren't sure how to find the right person. Others needed *lower-cost or volunteer assistance* due to their financial situations. There were some who suggested that the local youth would be an appropriate labour pool, while others were not sure that youth today were motivated enough to take on such tasks.

A few Seniors wanted a service to *assess their homes for safety and potential falling hazards*. They also mentioned the need for some type of daily phone call to check in and ensure people were safe – this could also serve, in a small way, to reduce isolation for housebound Seniors.

Housing was also an issue. Moving from a house one has lived in for decades filled with memories is a trial, no matter how inadequate the house becomes as one ages. It was recommended that houses should be adapted to seniors concerns already at the architects' drawing board with wide door frames, hand rails, few barriers along the floor etc. This way the seniors can stay in their homes longer. It was not always evident for people to afford to down size, as the property they may have would be hard to sell or the potential down-sized accommodations too expensive leaving a depleted retirement fund, or no alternative adequate housing due to lack of low cost housing in the area. There was some suggestion of more peer co-housing, since the construction of the Sooke Harbourside co-housing, co-caring facility was completed. Co-habiting in larger houses could reduce expenses, provide social company and increase safety. In conjunction with the latter thought, inter-generational co-housing was also broached, where the younger inhabitants could take care of the yard work and heavier duties. In either scenario, the inhabitants would care for each other.

There was also a need expressed around *financial literacy, access to information, and advocacy*. Quite a few people mentioned having trouble finding out where to go for help or information, and thought having a *point-person* available to call would be very helpful. A few people talked about confusing experiences dealing with government services, feeling as though they “got the run-around.” The local MLA was identified as a useful person to help in this area. One participant floated the idea of every Senior receiving a packet of information regarding relevant services when they turned 65.

Another wondered where they could go to *get their taxes done at an affordable price*. One participant also brought up the issue of pensions not rising along with MSP and inflation; he felt that the government needed to do more in that area. As he put it: “Seniors don't want handouts. [They want] what they paid and worked for all their lives.”

One Senior also mentioned the need for *more low-cost Seniors' housing*, as the current properties all have long waiting lists.

Finally, a need for some *affordable respite care* was expressed by those Seniors who were caring for a spouse at home. Some Seniors who were caregivers expressed the need for mental and motivational support in the form of counseling or peer support in order to overcome challenges of in their role.

3.5: Medical Requirements

While the majority of the focus group participants had a family physician, many of them had to travel to Langford or Victoria to see their doctor.

People seemed happy overall with the care they received, although long waits for surgery and specialist appointments were mentioned a few times as issues. Some Seniors did request some kind of *health literacy guide*, or someone to *help navigate the medical system*; one participant said she would like more communication from her doctor about tests and results in order to *mitigate anxiety*. A need for *more education about mental health*, dementia, and other health issues was also noted.

Many Seniors mentioned the cost of prescriptions and necessary medical equipment as being a financial burden, which a pension can't always cover. *Financial assistance* with mobility and hearing aids, medications, dental care, and optometry was also deemed necessary.

In some communities such as the First Nations we spoke with, there were physical activity programs organized by the health offices, but they were not always well attended as some of the participants had such problems with pain that they could not partake in the activities. The willingness to live more actively can be present, but certain physical constraints and the need for pain relief can create obstacles. This can be equally imagined among the non-native populations as well. Native traditional methods are being used to assist in this matter, on the physical and psychological levels.

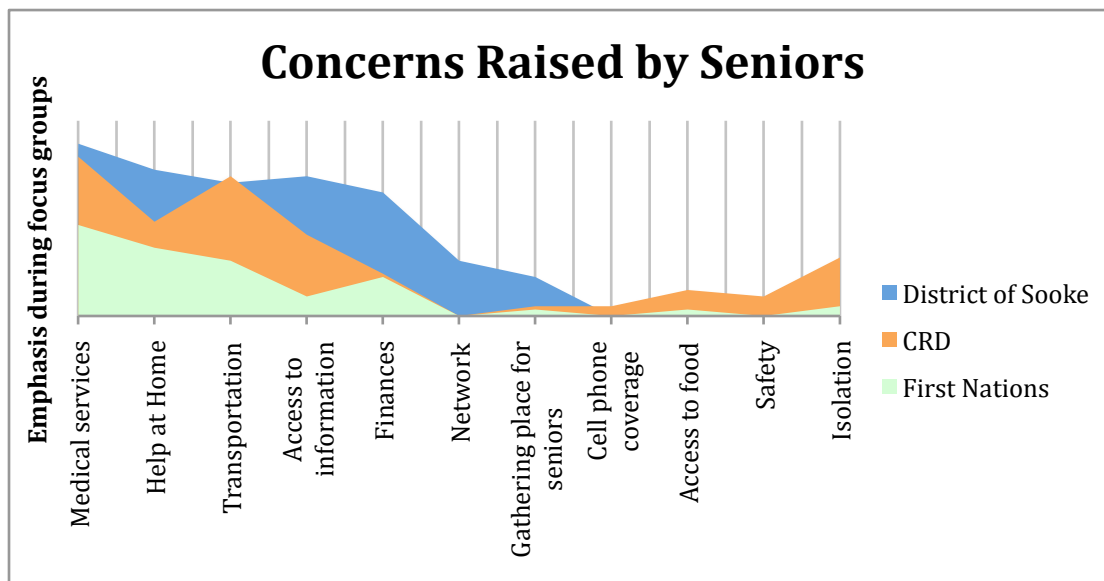
In rural areas such as Shirley and Port Renfrew, Seniors expressed a desire for *more frequent and reliable medical visits* (both a physician and a nurse), house calls for those who can't leave their homes, and a resident nurse who doesn't have to drive in from town. Home Care Services such as those provided by Island Health or Beacon were identified as being highly necessary, but more and more limited, as there was no continuity in the care provider and their duties had become restricted. In Port Renfrew, one participant told the story of a home support nurse who had all of her cases shut down, leaving multiple people – many in wheelchairs, some unable to leave the house without crucial assistance. A participant in Sooke spoke of her difficult recovery period after an injury, and said she would like to see longer care for people recovering at home.

T'Sou-ke have home and community care through Beacon Community Services, in addition to having a nurse come twice a month. They also work with Sooke Hospice for cancer palliative care patients. Many wished to be able to die at home. We need to understand the reason for why Seniors are choosing to stay at home: physical and mental impairments, or just that they simply feel comfortable in their own environment. They want to rest. Already this region is populated with people who want to live in their own secluded domain with their long driveways and tall trees. It was suggested that we

just need to inform them of services, in case there is need. It was understood that depression can spiral into continued isolation. It was noted that some medication can be so expensive that they cannot afford anything else. This limits healthy food intake, mobilization and social activities. Angst can then increase to isolate even further. More pain management programs that reduce the amount of expensive medicine consumption and increase social and physical activities were welcome. Physical activities programs such as Heart Smart program is free when you are referred by the doctor for the first 6 months, but once the allocated time is over it is hard to keep the maintenance going. So it is not only the expansion of such programs that is needed, but also the duration needs to be lengthened as well.

3.6: Highlights from the Focus Groups

The following graphs simply give an impression of the weight of the different areas discussed in each of the focus groups.



Graph 1: Comparison of issues of concern among the different focus group populations

As can be observed on the graph above, three main concerns dominated the conversations relatively speaking: medical services, help at home and transportation. "Access to information" was also high on the list of concerns, as many felt that they could not follow due to the lack of internet access among the respondents. Though "finances" did not appear as clearly for the other two groups as for the Sooke based Seniors, it was recognized as an issue for many, though spoken of discretely as an aside. "Network" and "isolation" were somewhat corresponding. Notably the First Nations had a solid network in their communities for the most part and therefore did not address this issue. In addition, the religious congregations that we met expressed how grateful they were for their network. Both these groups have a strong culture of respecting their elders. The Sooke based Seniors were in favour of a place for Seniors to gather, fueling further the municipal discussion of a Seniors Centre. The other groups did not necessarily mention this subject as much, but the need to gather in

some way was voiced. The First Nations bands that had long houses spoke with pride about this tradition and recommended such meeting places to all. Safety varied between fall proofing one's home to living alone and not getting help in time or even being burgled.

Many seniors had difficulty accomplishing the basic activities that would allow them to remain in their homes. There was a general theme of help being needed but not sought. Though independence was spoken of frequently and was valued highly by the grand majority, the need for a reliable network was equally valued.

Seniors with family support were fortunate, but even in these cases seniors were concerned about over-burdening their family members. Lack of available transportation was a frequent concern for seniors, which limited their ability to shop for basic necessities. This was especially problematic in communities like Jordan River and Port Renfrew where public transportation was scarce or non-existent. Seniors highlighted the lack of easily accessible information about available services. Many Seniors reported having difficulty with their finances; often this was simply due to inadequate income. Seniors who needed help with finances may have benefited from government programs, but reported that information was simply unavailable.

In terms of social support, Seniors expressed deep gratitude for the people in their lives (family, friends, neighbours, etc.) who were supportive and available. There was; however, a frequent sense of not always having enough support available, or not always being able to reach out to friends and family due to factors such as a lack of transportation or a busy schedule. Though some social activities exist, not all of them appeal ("not everyone likes BINGO!"). A bigger variety in social activities and a Seniors' Centre was emphasized. Such a gathering location would not only reduce isolation, but it would assist in identifying needs among vulnerable individuals and inform about issues of interest through peer interaction. The *importance of a good social network* was highlighted, and Seniors without this resource struggled with loneliness as well as mere material concerns.

The Seniors in the focus groups had many ideas for new or better services that would help them to live at home. Some of the more frequent suggestions were transportation, shopping assistance, help around the house and yard, and advocacy. Medical services such as house calls and more extensive home care were also requested, as well as financial help with medications, medical equipment, and services such as optometry and physiotherapy.

The Seniors were a diverse group of individuals with many different strengths as well as different needs. The above highlights the most common and crucial areas of need that they identified during the process.

PART 4: Main Conclusion

Seniors who participated in Phase 1 of the Seniors Managing at Home study were diverse in terms of their age and place of residence. However, the survey data and comments made by Seniors in the Phase 2 focus group suggested that a high percentage (40% of survey respondents) lived alone. A minority (almost 20% of survey respondents) did not have enough money to manage day-to-day, and many others expressed financial concerns; the inadequacy of pensions was a frequent issue. Seniors' ability to successfully complete activities of daily living, either independently or with help from people in their support network, was a major focus of the study. While participants were able to successfully complete many tasks, such as handling the telephone, taking their medication and dealing with their personal finances, gaps were identified. Home repairs, housework, gardening and meal preparation were problematic for many Seniors. Even when outside helpers were called in, some of these daily tasks were not adequately addressed. In terms of meal preparation in particular, this may place some Seniors at risk of poor nutrition and consequent poor health. It follows then that these 4 areas were ones for which seniors requested additional assistance, although fewer Seniors asked for help with meal planning, preparation or clean up than for help with the other 3 areas.

Transportation is a complex issue in that although many of the Seniors were able to drive, several did not like to drive at night or avoided driving as much as possible. Of those who could not drive, almost one quarter of the respondents were not always able to secure transportation. The implications of these problems in terms of simple things like attending medical appointments, getting to the grocery store, or getting out to visit a friend are significant for these Seniors. More remote regions such as Shirley, Jordan River and Port Renfrew are particularly affected by this problem, as there is no reliable public transit at all, though East Sooke and Otter Point with some minimal public transport are also underserved. Almost half of the Seniors in the study asked for help with their transportation problems.

Social participation of the Seniors varied considerably. Some Seniors appear to be well connected to family and friends; while others did not appear to have opportunities to participate in outside activities, sometimes as a result of poor health and limited mobility, or simply due to the lack of variety of relevant and interesting activities. When asked directly about companionship and loneliness, almost one fifth felt they lacked companionship some of the time or often, and almost one quarter felt left out or isolated some of the time or often. Of interest, few requested "friendly visiting" in the individual interviews in the Phase 1 report, but several in the focus groups did vocalize their fear of isolation as their social circles became smaller with time. Many focused on getting practical help for things such as finding community resources, advocating for services and grocery shopping.

Seniors were asked if they had a family physician, and most reported that they did. They also accessed specialist services. Seniors were satisfied with the care they were receiving. Over three quarters rated their own health as good, very good or excellent yet almost the same number identified a health problem that they considered to be moderate to severe. Almost all of the Seniors believed they would need help with their medical issues in the coming year. An impressive number of participants felt the need

to live at home and even die at home, if possible. With a system of caregivers (professional and familial) this could release beds within the palliative care system and avoid patients from being sent large distances away from their network.

Based on the data and selected protective and risk factors, some of the Seniors in the study appeared to be at higher risk of experiencing future problems than the remaining participants. These results are preliminary and warrant further investigation. However, they do introduce the concept of a continuum of need that should be pursued, keeping in mind that the Seniors who volunteered for the study, for the most part, function independently of the home health and social service net and might be prevented from entering the formal helping system if appropriate informal, community based resources are provided to them.

It has been collectively concluded that the needs are the same across the board. Of interest, there were many similarities in the needs of Seniors living in Sooke, in remote and rural areas in the Region, and in First Nations. Further research to examine the similarities and dissimilarities of their needs and experiences would add to our understanding in this area.

4.1: Recommendations

The following recommendations are based on Seniors' feedback during the focus groups, and build upon the recommendations provided in the Phase 1 report.

Issue	Findings	Recommendations
Lack of understanding around existing services	<ol style="list-style-type: none"> 1. No centralized service centre 2. Do not know which service providers to trust 3. Many Seniors do not access the internet 4. Financial illiteracy 5. Lack of planning for retirement 	<ul style="list-style-type: none"> • Develop information and outreach capability • (ideally through a seniors centre) • A basket of services that are tried and recommended • More financial and computer literacy sessions • Affordable tax returns • Age planning education sessions • A seniors service navigator and/or guide
Access to medical appointments, grocery shopping and social events	<ol style="list-style-type: none"> 1. Loss of driver's license is like "a death sentence" 2. Public transport pick-up and drop-off timings and locations are not convenient enough 3. Difficult to walk home from bus stops, especially with grocery bags 4. Fear of driving when it gets dark 5. Difficult to attend social events in the evenings 6. Poor infrastructure - sidewalks and pathways to core locations 	<ul style="list-style-type: none"> • Support and grow the existing volunteer medical driving service • Coordinate a region-wide carpooling network • High-level discussions with BC Transit • Handy Dart buses to be more frequent and flexible • Co-operative bus service • In addition to present grocery delivery service, make it possible to order over the phone, so no need to go to the shop in advance to select items (online services are not used by elders)
Anxiety	<ol style="list-style-type: none"> 1. Fear of losing independence 2. Not enough support from own private network 3. Taboos in this generation around grief and expressing emotions 	<ul style="list-style-type: none"> • Better information around available services • Create support networks outside of traditional spheres • Facilitate video calls to family and acquaintances • Peer support groups • Sensitize adult children around Seniors issues to create better understanding • De-stigmatize grief, pain and mental health issues • Organize more Seniors oriented activities to reduce isolation

Rehabilitation and General Care	<ol style="list-style-type: none"> 1. Racism during hospital stays 2. Pain is so unbearable that needed physical activity is excluded 3. Rehabilitation ceases once support stops 4. Caretaker family members burn out 5. Seniors not able to die at home among family 6. Different service provider caregivers, 7. creating anxiety for patient 8. Lack of fresh produce in diet 	<ul style="list-style-type: none"> • More sensitive cultural awareness of hospital and caregiving staff • Pain management to permit physical activity • Longer rehabilitation time post surgery etc • Better collaboration between Island Health and existing community services • Affordable respite care to "recharge" caretaker family members • Greater political and social acceptance of dying wishes • Planned aging and dying at home • Continuous same caregiver from service providers • Organize more reduced prices and accessibility of fresh produce about to expire in stores • More community garden donations to the food bank • More community members to "Grow A Row" and donate excess from own garden produce • Possible expansion of "Food in the Box" program • A farmers' co-op with home delivery • Sessions on balcony and vertical food growing adapted to Seniors' needs
Housing and Up-Keep	<ol style="list-style-type: none"> 1. Not enough low-cost housing 2. Adequate housing for disabilities 3. Difficult with up-keep of house and yard 	<ul style="list-style-type: none"> • Present houses to be adapted to Seniors' needs • New builds that can permit easy adaptation for Seniors' needs • Basket of services adapted to these needs (Better at Home program) • Organize youth work pools for hourly wages (\$20.00) • Expand Co-caring Co-housing model (ie Sooke Harbourside project) for all income levels • Adapt present structures to this model - for ex. apartment buildings or neighbourhoods
Growing Seniors Population	<ol style="list-style-type: none"> 1. The lower the income, the further away from services one lives 2. More Seniors require more adapted infrastructure 	<ul style="list-style-type: none"> • Authorities to look at long-term planning based upon demographic predictions

4.2: Notable Trends Towards Next Steps

It has been understood by the government, that capacity to tend to the increasing Seniors population will not be adequate. Projects are being encouraged at the community level to assist with capacity building within localities to breach the gap.

However, with modernity, individual isolation is increasing, especially among the Senior population. Families are not as tight knit as they once were and are often not even living in the same province. Communities are no longer as cohesive when most were linked to the same cornerstone industries. In addition, increasing real estate prices are forcing low-income seniors from service hubs²⁰ that are so needed as one ages. The fact that people are living longer, we as communities have to prepare, and the data from these consultations can be a very sound indication of the direction we must take.

The most urgent matters identified in these focus groups are firstly surrounding physical and informational access to medical care services. Secondly, increased community connectivity is needed to reduce social isolation and mental health issues. Thirdly, support with regards to a healthy lifestyle, where one can feel comfortable at home as long as possible.

There are numerous suggestions mentioned in the section above that need not be too costly, but require a great deal of coordination to commence and provide continuity of service. Possible models that have been tried and true in similar communities in this country or abroad should be understood and eventually accepted by the communities to permit buy-in, especially by the Seniors themselves.

It was voiced by the Seniors themselves, that the younger generations are not volunteering as their elders before them. Enduring “champions” to lead causes are becoming harder to come by in communities. People are more preoccupied by their own immediate family units, leading to the folding of neighbourly turns of kindness that were previously run on shoe-string budgets and community members’ good-will. These trends force one to conclude the necessity of organized and professionalized service providers (already existing in Sooke and external ones) to be more flexible and encompassing of community needs. The financial support should be provided to permit exactly this continuity and expansion, considering mentioned demographic trends.

²⁰ The same could probably be said about young families as well

5: References

Island Health, Understanding the 12 Social Determinants of Health British Columbia (2006) http://www.viha.ca/NR/rdonlyres/AA4165DB-0D22-4C42-A874-97D0A6A72003/0/understanding_the_social_determinants_of_health_05082006.pdf

Nehra, Linda et al., Managing at Home – A Study of Sooke Seniors Planning to Remain in their Own Homes (2015)
<http://www.sookeregionchn.org/published-reports>

Official Community Plans

District of Sooke Official Community Plan (OCP) - <http://sooke.ca/bylaws/official-community-plan/>

East Sooke Official Community Plan (OCP) - <https://www.crd.bc.ca/docs/default-source/crd-document-library/committeedocuments/juandefucalandusecommittee/20160216/pps-jdf-2016-02-16-10-bl4000-trackedchangesaccepted.pdf?sfvrsn=6>

Otter Point Official Community Plan (OCP) - <https://www.crd.bc.ca/docs/default-source/crd-document-library/bylaws/juandefucaelectoralarea/3819---otter-point-official-community-plan-bylaw-no-1-2014.pdf?sfvrsn=10>

Port Renfrew Official Community Plan (OCP) - <https://www.crd.bc.ca/docs/default-source/crd-document-library/bylaws/juandefucaelectoralarea/3109---comprehensive-community-development-plan-for-port-renfrew-bylaw-no-1-2003B.pdf?sfvrsn=4>

Shirley and Jordan River Official Community Plan (OCP) -
<https://www.crd.bc.ca/docs/default-source/jdf-pdf/shirley-jordan-river-ocp/pps-jdf-2015-04-02-sjr-roughdraft3changeshighlighted.pdf?sfvrsn=2>

Important Links

Canadian Senior Cohousing - <http://canadianseniorcohousing.com>

Harbourside Cohousing - <http://www.harbourside.ca>

HELP Brochure - <http://www.sookeregionresources.com/where-find-help-sooke-region>

Pacheedaht First Nation - <http://pacheedahtfirstnation.com>

Scia'new First Nation - <http://www.beecherbaybc.com>

Sooke Region Resources website - <http://www.sookeregionresources.com>

Statistics Canada 2011 Census - <https://www12.statcan.gc.ca/census-recensement/2011/dp-pd/index-eng.cfm>

T'Sou-ke First Nation - <http://www.tsoukenation.com>